



THE
ALABAMA
STATE
BOARD OF
SOCIAL
WORK
EXAMINERS

TERMINATION OF SUPERVISION

Supervisor: _____ certify that I supervised

Supervisee: _____

in the field of Social Work while he/she was employed at _____
Agency

Dates of Supervision: From _____ to _____.

I provided _____ hours of supervision per month for a total of _____ hours of supervision.

Supervision was provided in the social work methods of (check as appropriate):

_____ Social Casework	_____ Social Work Research	_____ Administration
_____ Community Organization	_____ Clinical	_____ Other (specify)

Reason for termination of supervision: _____

Attach evaluation for Social Work Licensure

Name of Supervisor _____ Telephone _____

Signature of Supervisor _____ Date _____

The termination of supervision has been discussed with me, and I have received a copy of this form.

Signature of Supervisee _____ Date _____

The original of this form must be mailed to:
Alabama State Board of Social Work Examiners
PO BOX 301620
Montgomery, AL 36130-1620